DOCUMENT RESUME

ED 310 307 CG 021 883

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TITLE The HIV-Infected Patient and Family Social Support.
PUB DATE Mar 89
NOTE 8p.; Paper presented at the Annual Meeting of the Society of Behavioral Medicine (10th, San Francisco, CA, March 29-April 1, 1989).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; Coping; *Family Relationship; *Homosexuality; *Patients; *Psychological Evaluation; Social Support Groups

ABSTRACT

The goal of this study was to examine the complex interplay among family, neuropsychological, psychosocial, psychiatric, and immunological variables with human immunodeficiency virus (HIV)-infected homosexual/bisexual men and their families. The subjects were a broad spectrum of 29 outpatient HIV-infected homosexual/bisexual men between the ages of 18-45 who were not mentally retarded or acutely psychotic and who allowed a significant other family member to participate in the study. The evaluation of the patient at a hospital outpatient clinic consisted of neuropsychological (2 hours), psychosocial (1 hour), and psychiatric (1 hour) evaluations as well as blood drawing and took place at the same time the significant other was given the family evaluation (1 hour). The family evaluation focused on life events, family resources, and ability to cope. Findings indicated that the subjects were experiencing considerable psychological distress and neuropsychological problems relative to norms for male outpatients. Active behavioral coping related to enhanced mood while greater social support was related to more positive mood and less distress. Family resources were related to better immunological functioning. Patients who took responsibility for their own health and well-being and who had a strong sense of family social support starting early in the disease process were more likely to adapt to and cope effectively with their illness, positively affecting disease progression, morbidity, and mortality. (ABL)

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TITLE

THE HIV-INFECTED PATIENT AND FAMILY SOCIAL SUPPORT

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PURPOSE

The goal of this research was to examine the complex interplay among family, neuropsychological, psychosocial, psychiatric, and immunological variables with HIV-infected homosexual/bisexual men and their families.

PROCEDURES

The subjects were a broad spectrum of 29 outpatient HIV-infected homosexual/bisexual men between 18-45 who were not mentally retarded or acutely psychotic and allowed a significant other family member to participate in the study. The evaluation of the patient at a hospital outpatient clinic included: neuropsychological (2 hours), psychosocial (1 hour), and psychiatric (1 hour) evaluations as well as blood drawing and took place at the same time the significant other was given the family evaluation (1 hour).

CG 021883

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MEASURES

Psychosocial - Patient

* Stress - Gay hassles scale (adapted from Lazarus)
* Social Support - Interpersonal Support Evaluation List (Cohen et al.)
* Coping - Adapted from "Ways of Coping Checklist" (Namir)
* Mood - Profile of Mood States (McNair)
* Psychological Distress - SCL-90-R (Derogatis)

Neuropsychological - Patient

* Memory
  1. Verbal Memory - Buschke Selective Reminding Task
  2. Visual Memory - Wechsler Memory for Designs
* Reasoning - Shipley Institute of Living Scale
* Verbal Fluency, Sequencing Speed, Set Shifting, and Motor Speed
  1. Motor Speed-Finger Tapping Dominant Hand
  2. Planning & Visual-Motor Speed-Trail Making A and B (Reitan)
* 3. Visual-Motor Sequencing. Wechsler Digit Symbol
* 4. Word Fluency. Verbal Fluency Test (Lezak)

Psychiatric - Patient

* HIV Status and Diagnosis - Interview and Chart Review
* Mental Functioning - Mini-Mental State (Folstein)

Immunological - Patient

* T4 Helper, T8 Suppressor, B4 Cell Count

Family - Significant Other

* Stress - Family Inventory of Life Events and Changes (McCubbin)
* Resources - Family Inventory of Resources for Management (McCubbin)
* Coping - Family Crisis Oriented Personal Evaluation Scales (McCubbin)
* Hardiness - Family Hardiness Index (McCubbin)

FINDINGS

The characteristics of the patient and significant other are shown in Table 1. Our sample is primarily white, high school educated, and unemployed. Most live with another person(s) and list their significant other as lover or friend (about 50%) rather than a "traditional" family member. The sample is experiencing considerable psychological distress and neuropsychological problems relative to norms for male outpatient "normals". For the 29, 13 were diagnosed as AIDS, 2 as ARC, and 14 as asymptomatic seropositive. The AIDS group reports greater active cognitive coping and does more poorly on neuropsychological functioning (visual memory, reasoning, and visual-motor sequencing and speed) relative to the seropositive group.

The intercorrelation matrix of all measures with the psychosocial and immunological outcome measures is shown in Table 2. Active behavioral coping related to enhanced mood while greater social support was related to more positive mood and less distress. Verbal memory and motor speed were related to enhanced mood, less distress, and better immunological functioning. Visual memory was related to better immunological functioning while visual-motor sequencing was related to less distress and better immunological functioning. Finally, family resources were related to better immunological functioning.

Table 1. Demographic Characteristics of HIV-Infected Sample and Significant Other (n=29)

		Patient		
Age:	Mean	=	32.79	(SD=7.05)
Race:				
	White	=	22	(76%)
	Black	=	4	(14%)
	Hispanic	=	3	(10%)
Sexual Orientation:				
	Homosexual	=	24	(83%)
	Bisexual	=	5	(17%)
Years of Education:	Mean	=	12.86	(SD=2.05)
Employment Status:				
	Unemployed	=	20	(69%)
	Part-time	=	5	(17%)
	Full-time	=	4	(14%)
Living arrangement:				
	Family	=	12	(41%)
	Lover	=	7	(24%)
	Roommate	=	7	(24%)
	Alone	=	3	(10%)
		Significant Other		
Relationship:				
	Lover	=	7	(24%)
	Friend	=	7	(24%)
	Mother	=	6	(21%)
	Sister	=	3	(10%)
	Former Lover	=	2	(7%)
	Father	=	2	(7%)
	Wife	=	2	(7%)
Sex of Significant Other:				
	Male	=	16	(55%)
	Female	=	13	(45%)

Table 2 Relationship of Psychosocial, Neuropsychological, Psychiatric, a Immunological Outcome Measures

	Total Mood Disturbed	Psychological Distress	T4	T8	B4
Psychosocial					
Hassles	.44	.49	-.45	-.27	-.22
Active Behavioral Coping	-.40*	-.27	.13	.24	.04
Active Cognitive Coping	.03	.08	-.25	.06	.05
Avoidance Coping	.32	.30	-.12	-.14	-.27
Total Social Support	-.61**	-.57**	.23	.15	.06
Neuropsychological					
Verbal Memory-Buschke					
Number Retrieved	-.20	-.36	.14	.31	.04
Free Recall Total	-.47**	-.53**	.17	.39*	.01
Recognition Total	-.30	-.36	-.15	-.01	-.03
Visual Memory-Wechsler					
Design Total-Trial 1	-.02	-.11	.42*	.34	.39*.
Design Total-Trial 2	-.10	-.17	.33	.30	.31
Reasoning-Shipley	-.02	-.12	.06	.05	.32
Motor Speed-					
Finger Tapping	-.44*	-.53**	.32	.51**	.11
Visual Motor Speed (Lezak)					
Trail Making A	.30	.27	-.19	-.28	.00
Trail Making B	.18	.21	-.27	-.35	-.11
Visual Motor Sequencing	-.23	-.42*	.37*	.21	.32
WAIS-R					
Digit Symbol					
Verbal Fluency Test (FAS)	-.07	-.19	.14	-.02	.01
Psychiatric					
Mini-Mental State	-.26	-.28	.02	.13	.03
Family					
Family Inventory of Life Events	.17	.05	-.08	-.16	-.09
Family Inventory of Resources	-.27	-.34	.40*	.27	.25
Family Crisis Oriented Evaluation Scales	-.10	.01	.07	.09	.05
Family Hardiness Index	-.19	-.11	.17	.12	.05

Note. $^{*}p<.05$, $^{**}<.01$
The n ranged from 16-29 for all correlations except for hassles (n = 16) due to errors in method of administration. The Total Mood Disturbed score (POMS) and Global Severity Index (SCL-90-R) were used as outcome measures and higher scores reflected greater Mood Disturbance and Psychological Distress respectively. Higher T4, T8, and B4 scores reflected better immunological functioning. Higher Mini-Mental State Scores reflected better mental functioning. Higher scores on the psychosocial measure reflected greater intensity of hassles, greater use of coping (behavioral, cognitive, and avoidance), and greater social support. Higher scores on the neuropsychological measures reflected better performance with the exception of Trail Making. Higher scores on the family measures reflected greater stress, resources, and hardiness as well as better coping.

CONCLUSIONS

HIV-infected persons undergo considerable distress and appear to get a great deal of support from non-traditional family members such as lovers and friends. The provision of social support is particularly important for persons with a terminal disease and is related to better psychological health outcome. Active behavioral coping, with an emphasis on direct problem solving, is related to positive health outcome. Neuropsychological functioning is related to psychosocial and immunological outcome measures. Neuropsychlogical symptoms may be present with asymptomatic seropositives while these symptoms may be absent with ARC and AIDS patients.

It is essential to conduct a thorough and multidisciplinary evaluation of HIV-infected patients and their families because of the complex interactions and subtle relationships among variables (biopsychosocial model). The treatment-interventions should then be tailored to each case. Patients who take responsibility for their own health and well-being and have a strong sense of family social support starting early in the disease process are more likely to adapt to and cope effectively with their illness which will positively affect disease progression, morbidity, and mortality.